



**OMOP**

**THEMIS**

**Issue List**

1. Vocabulary needs (CRITICAL)
   1. Monthly refreshes of standard vocabulary should include new drugs, procedures, labs, etc.
   2. OHDSI changes vocabulary type or make them invalid. Need to be able to see changes with each release.
   3. Need more frequent vocabulary updates. Especially for new drug codes.
   4. We need vocabularies not present in current OHDSI Vocabularies (eg, Canada billing codes)
2. Retain information from claims with HCPCS and NDC on the same line CRITICAL
3. Need a consistent way to retain source native data (~~LOW~~ HIGH) [james to confirm Ok to switch from low to high]
4. Standard method to identify prescription drug coverage at a patient-period level (Eg, MarketScan RX field, where a patient may have a long observation period but only a portion of that has prescription drug coverage – and we don’t want to split the observation period because then eligibility checks become much more complicated for studies that don’t require checking prescription drug coverage). (HIGH)
5. Standard method to identify Medicare vs. Commercial payer types (Eg, MarketScan, further complicated by patients having both for the same period). (MEDIUM)
6. Standard method to capture different types of claims (submitted/pending, approved/paid, rejected, resubmitted, reversed). Example: DRG. This is also further complicated by the need to “normally” only use approved/paid, but specialized analyses would need the other types. (MEDIUM/HIGH)
7. Standard method to capture up-to-standard and acceptable patient flags (Eg, CPRD). Also "suspicious diagnosis" flags in JMDC (HIGH because of CPRD)
8. Standard method to distinguish between prescriptions, drug orders and drug administrations (eg, OSCER and other EMRs). HIGH
9. NDC is a date centric vocabulary. Need to look for the code that is valid at the time of dispensing HIGH
10. Fill in/retain missing payer information LOW
11. Improve sharing of OMOP conversion experiences across industry partners [not ranked]
12. Enhance CDM for improved performance (platform dependent ; internal) [not ranked]

Amgen data elements not currently supported in Version 5 CDM

1. DRUG\_EXPOSURE.SOURCE (Specific to Oscer. Identifies Order vs Administration. The v5 CDM\_SOURCE table does not link to record level)
2. VISIT\_OCCURRENCE.PLACE\_OF\_SERVICE\_SOURCE\_VALUE
3. VISIT\_OCCURRENCE.ADMITTING\_SOURCE\_VALUE

Amgen custom concept ID’s

1. 2000000001 code (this is a current work around for unrepresented concepts)
2. 26400-26499 (for some datasets, possibly JMDC) Process Improvement Opportunities